PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003													/ /
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL:	ENTITY	OR	OTHER SMALL	
TC	TAL CLAIMS		8					RATE	FEE	7	RATE	FEE	
FO	R.		NUMBER	NUMBER EXTRA				BASIC FE	E 385.00	OR	BASIC FEE	770.00	
то	TAL CHARGEA	BLE CLAIMS	& mir	*				X\$ 9=		OR	X\$18=		
IND	EPENDENT CL	AIMS	mi	•				X43=			. X86=		
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					1.05		OR		,	
* If the difference in column 1 is less than zero, enter "0" in column 2									+145=		OR	+290=	
									TOTAL	-	OR	TOTAL	711031
CLAIMS AS AMENDED - PA (Column 1) (Col						(Tilliumn 2) (Column 3)			SMALL ENTITY			OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO	EST BER OUSLY	PRESENT EXTRA			RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 8	Minus	** (>	20	=			X\$ 9=	1/	OR	X\$18=	
	Independent	. 2	Minus	***	3	= ]			X43=	1/	OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							l	145	11	1	+290=	
						•	·: ·	l	+145=		OR	TOTAL	
•	(Column 1) (Column 2) (Column 3)						/	ADDIT. FE		OR	ADDIT. FEE		
AMENDMENT B		CLAIMS HIGH		EST			1		ADDI-	1	·	ADDI-	
	-	REMAINING AFTER AMENDMENT	•	PREVIC	USLY	PRESENT EXTRA			RATE	TIONAL FEE	·	RATE	TIONAL FEE
	Total	*	Minus	**		=		1 1	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		<b>]</b>	X43=		OR	X86= -	
<b>▼</b>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM.								. 4 45			.200-	•
· :									+145= TOTA		OR	+290=	
									DDIT. FEI		OR	ADDIT. FEE	
	`	(Column 1) CLAIMS		(Colur HIGH						LADDI	. 1		ADDL
AMENDMENT C	•	REMAINING AFTER AMENDMENT	•	NUME PREVIO PAID I	USLY		SENT TRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	. •	=	•		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=			X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=				
											OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		ber Previously Paid						er foul	nd in the a	ppropriate bo	x in col	umn 1.	